



Employment Security Department

WASHINGTON STATE

UI Tax and Wage Administration • P.O. Box 9046 • Olympia, WA 98507-9046

CLAIM FOR REFUND

As Provided in RCW 50.24.150 of the Washington Employment Security Act

Complete items 1 through 11 — See instructions on next page.

CAUTION — Be sure to give exact name, address, and E.S. Reference Number as used on the tax report under which the claim is made.

Mail to the Employment Security Department, UI Tax and Wage Administration, P.O. Box 9046, Olympia, WA 98507-9046.

EMPLOYER'S NAME AND ADDRESS	1.	DATE	2.		
		ES REFERENCE NUMBER (ACCT. NO.)	3.		
		(U)NIFIED (B)USINESS (I)DENTIFIER NO.	4.		
		INACTIVE DATE	5.		
REFUND CLAIMED FOR THE FOLLOWING REASON: (STATE IN DETAIL)	6.	QUARTER(S)	7.	REQUESTED AMOUNT	8.
		TOTAL AMOUNT REQUESTED	9.		
EMPLOYER'S SIGNATURE	10.	TITLE			11.

For use by Employment Security Department only

DTO Administrator or UI Tax Specialist _____ District Tax Office _____

GENERAL INFORMATION

An employer may file a written petition for refund on contributions, interest, or penalties within three years after the date on which contributions, interest or penalties have been paid. (RCW 50.24.150)

INSTRUCTIONS

Items 1 through 9 and 11 are to be typed or printed legibly with ballpoint pen by the employer as follows:

- ITEM 1:** Employer's Name and Address—Enter correct business name and mailing address.
- ITEM 2:** Date—Enter date the form is completed.
- ITEM 3:** ES Reference Number—Enter number assigned to the business by the Employment Security Department.
- ITEM 4:** Unified Business Identifier (UBI) No.—Enter number assigned to the business by the state of Washington.
- ITEM 5:** Inactive Date—Enter date employment ceased, if applicable.
- ITEM 6:** Refund Claimed for the Following Reason—Explain in detail the reason that you should receive a refund, e.g., taxes paid on excess wages, exempt corporate officers reported, miscalculation of taxes due, etc.
- ITEM 7:** Quarter(s)—Enter quarters of time period involved in refund.
- ITEM 8:** Requested Amount—Enter amount of refund requested for the quarter, including interest and penalties.
- ITEM 9:** Total Amount Requested—Enter total amount of refund requested, including interest and penalties.
- ITEM 10:** Employer's Signature—Signature of employer or authorized representative.
- ITEM 11:** Title—Enter employer's title.

For information, contact your nearest District Tax Office:

Bellevue (425) 649-4388
Fax (425) 649-4470

Seattle North (206) 706-3801
Fax (206) 706-3803

Vancouver(360) 735-5050
Fax.....(360) 735-5049
Longview local(360) 636-2290
Portland local(503) 289-5781

Bellingham..... (360) 676-2070
Fax (360) 738-6180

Spokane.....(509) 532-3090
Fax (509) 532-3086

Wenatchee(509) 662-0448
Fax.....(509) 665-3749

Lynnwood (425) 774-2380
Fax (425) 774-2391

Tacoma (253) 593-7380
Fax (253) 593-7399
Bremerton local (360) 478-4985

Yakima(509) 574-0137
Fax.....(509) 574-0113

*Olympia (360) 407-5145
Fax (360) 407-5139

Tri-Cities.....(509) 735-0939
Fax (509) 735-0932

Out-of-State Employers
Contact UI Tax and Wage Administration
Employer Accounts Unit – (360) 902-9650
Fax – (360) 902-9660

*This office will consolidate with the Tacoma office effective October 1, 2005.